



Loudoun County Sheriff's Office
880 HARRISON ST. S.E.; LEESBURG, VIRGINIA 20175
(703) 777-0408 • FAX (703) 771-5744 • 24-HOUR (703) 777-1021



CIVILIAN COMPLAINT REPORT

Mail or Fax Completed Form to *Sheriff Stephen O. Simpson*

COMPLAINANT				SHERIFF'S OFFICE USE ONLY	
NAME (LAST, FIRST, MIDDLE)				RECEIVED BY SHERIFF (INITIAL & DATE)	
STREET ADDRESS				REFERRED TO: <input type="checkbox"/> Division Commander <input type="checkbox"/> Internal Affairs	
CITY	STATE	ZIP	HOME PHONE	WORK PHONE	
NAME(S) OF DEPUTY SHERIFF INVOLVED (IF UNKNOWN, GIVE BRIEF DESCRIPTION, DUTIES PERFORMED, ETC.)					
DATE & TIME OF OCCURENCE		LOCATION		CASE NUMBER / TICKET NUMBER, IF KNOWN	

WITNESSES	
NAME	ADDRESS / PHONE (IF KNOWN)
NAME	ADDRESS / PHONE (IF KNOWN)

NARRATIVE
BRIEFLY DESCRIBE INCIDENT (USE REVERSE IF NEEDED)

I, _____, do hereby affirm that the foregoing information provided by me is true and complete to the best of my knowledge and belief. I understand that any false or misleading statements, accusations, or allegations made by me in relation to this complaint, either orally or in writing, may subject me to civil action and/or criminal prosecution.

I realize that, to assure a thorough investigation of this matter, it may become necessary for me to meet with a representative(s) of the Loudoun County Sheriff's Office for the purpose of discussing this incident in detail. I further understand that if a trial board hearing or court hearing results from this investigation, my presence and testimony at such hearing may become necessary. I hereby agree to make myself available at reasonable times and places as may be necessary for such interviews and/or hearings.

Signed _____ this _____ day of _____,

In the County/City of _____ State of _____

SUPERVISOR RECEIVING INITIAL COMPLAINT		
TITLE, NAME, & DIVISION	DATE	DATE FORM GIVEN/MAILED TO COMPLAINANT
DIVISION COMMANDER		
TITLE, NAME, & DIVISION	DATE RECEIVED	DISPOSITION
INTERNAL AFFAIRS		
INVESTIGATOR ASSIGNED	DATE RECEIVED	IA NUMBER